VACCINE BORROWING LOG													
VFC PIN:	/FC PIN: Clinic Name:					Date Range or Month/Year:							
Use this form when: 1 . A dose of VFC vaccine is administered to a non VFC-eligible child OR, 2 . A dose of privately purchased vaccine is administered to a VFC-eligible child. Submit with vaccine orders and maintain for 3 years. All borrows must be recorded on this form and in MCIR. VFC providers must maintain adequate inventory of private vaccine for patients not VFC-eligible. Borrowing should only occur as a rare, unplanned circumstance such as a delay in private shipment. As a reminder, VFC flu vaccine should NOT be borrowed under any circumstance. Detailed guidance can be found at www.michigan.gov/vfc .													
BORROWED								REPLACEMENT					
Date Dose Borrowed	Child's MCIR ID*	DOB	Dose Used from: VFC or	Vaccine Type (ex: MMR) If Flu, specify type/dose	Manufacturer	Lot # of Borrowed Dose	Reason # (options below)	Date Dose Replaced	Vaccine Type	Manufacturer	Lot # of Replacement Dose		
			Private					Keminder: E	nsure replaceme	ent occurs	in MCIR and unit.		

Reason for Borrowing VFC Dose						Reason for Borrowing Private Dose						
1. Private vaccine Shipment Delay			5. Accidental use of VFC for private			8. VFC vaccine s	elay	11. Short-dated private used on VFC client to avoid expiration				
2. Private vaccine not useable on arrival			6. Insurance did not cover private dose			9. VFC vaccine r	on arrival	12. Accidental use of Private for VFC				
Ran out of private vaccine between orders Short-dated VFC used on private client to avoid expiration		7. Other – Describe:			10. Ran out of VFC vaccine between orders			13. Other – Describe:				